



## REINSTATEMENT JOB APPLICATION for

Dept. of Employee Relations  
Room 706, City Hall  
200 E. Wells St.  
Milwaukee, WI 53202-3554  
(414) 286-3751  
TDD (414) 286-2960  
[www.milwaukee.gov/jobs](http://www.milwaukee.gov/jobs)

### INSTRUCTIONS TO APPLICANT:

1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. DATE and SIGN on page 2.
4. Keep a copy of completed application materials for your files.

<p><b>Name</b> _____ Last First M.I.</p> <p><b>Address</b> _____ Apt. # _____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____</p> <p><b>Email:</b> _____</p> <p>Day phone: ( ) - _____</p> <p>Evening phone: ( ) - _____</p> <p>Cell phone: ( ) - _____</p>	<p>Do you currently live in the city of Milwaukee?</p> <p><input type="checkbox"/> Yes. When did you become a resident? (month/year) _____</p> <p><input type="checkbox"/> No</p> <p><b>NOTE:</b> <i>City employees must live in the City. Residency proof will be required as stated under qualifications for the position applied for.</i></p> <p>List any other names by which you have been known on official records: _____</p>																								
<p>Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No      If under 18, how old are you? _____ years months</p>																									
<p>Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:</p>																									
<p>List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:</p>																									
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<b>EDUCATION AND TRAINING</b>																									
<p>Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Did you graduate from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Name and Location of High School _____</p> <p>Have you passed a high school equivalency or G.E.D. Test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours.</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">NAME AND LOCATION OF SCHOOL</th><th style="width: 10%;">FULL OR PART TIME</th><th style="width: 15%;">DATES ATTENDED FROM TO MO. YR. MO. YR.</th><th style="width: 10%;">CREDITS EARNED</th><th style="width: 25%;">MAJOR OR FIELDS OF STUDY</th><th style="width: 20%;">TYPE OF DEGREE/DATE COMPLETED</th></tr></thead><tbody><tr><td>_____</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>_____</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>_____</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>		NAME AND LOCATION OF SCHOOL	FULL OR PART TIME	DATES ATTENDED FROM TO MO. YR. MO. YR.	CREDITS EARNED	MAJOR OR FIELDS OF STUDY	TYPE OF DEGREE/DATE COMPLETED	_____						_____						_____					
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**OPEN RECORDS/PUBLIC INFORMATION**

The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.

If you do not wish us to reveal your identity, please check the following box: ☐

Are you legally authorized to work permanently for any employer within the United States? Yes ☐ No ☐

There may be a possibility of employment with other organizations. If so, may we refer your name? Yes ☐ No ☐

Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):

Please list the following information about your previous employment with the City of Milwaukee:

POSITION TITLE

DEPARTMENT

EMPLOYEE ID #

FROM (MO./YR.) TO (MO./YR.)

**READ CAREFULLY BEFORE SIGNING** -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above. NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. I forever waive, release and covenant not to sue any person or organization as a result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality. A copy of this authorization shall be effective as the original.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

## EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. IN ADDITION, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MAY QUALIFY YOU FOR A POSITION. ATTACH ADDITIONAL PAGES IF NECESSARY.

Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	

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Address	Salary/Wage: \$_____ per _____
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Duties:	

**City of Milwaukee**

## Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

**Your birthdate:**\_\_\_\_\_ (Must be provided and will be used for conviction verification)

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied.

PLEASE PRINT OR TYPE

1. Name: \_\_\_\_\_

LAST FIRST MIDDLE

2. Sex (please check one):      MALE\_\_\_\_\_      FEMALE\_\_\_\_\_

3. Race (please check one):

- ☐ Black/ African American (not of Hispanic origin)
- ☐ Hispanic/ Chicano/ Puerto Rican/ Mexican/ Cuban/ Central or South American
- ☐ White/ Caucasian/ European/ North African/ Middle Eastern (not of Hispanic origin)
- ☐ Native American Indian/ Alaskan Native
- ☐ Asian American/ Pacific Islander/ Far Eastern/ Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)

4. List any languages, other than English, which you speak **FLUENTLY**:\_\_\_\_\_

5. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.

I live in the \_\_\_\_\_ Housing Development.

The above completed information is true to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_